

1766

Dr. Wall

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

STATE FILE NO.

5092

REGISTRAR'S NO. 192

DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <u>Mesa</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <u>Mesa</u>	
IDENTIFICATION	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>242 So. Wood Lane</u>		D. STREET ADDRESS <u>242 So. Wood Lane</u>	
	3. NAME OF DECEASED A. (FIRST) <u>William</u> B. (MIDDLE) <u>Isaiah</u> C. (LAST) <u>Burk</u>		4. SEX <u>male</u> 5. COLOR OR RACE <u>White</u>	
INTERNAL A 174 4 049	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>11</u> DAY <u>28</u> YEAR <u>74</u>	
	8. AGE YEARS <u>74</u> MONTHS <u>10</u> DAYS <u>25</u>		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>Rancher-Retired</u>	
181	9B. KIND OF BUSINESS OR INDUSTRY <u>Ranch</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>	
	11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u>	
IONS, PSY 2	14A. FATHER'S NAME <u>Hubert Rosell Burk</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Iowa</u>	
	15A. MOTHER'S MAIDEN NAME <u>Lois Hamblin</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>	
TH TO NAL NCE	16. INFORMANT'S SIGNATURE <u>Annie A. Burk</u>		17. DATE OF DEATH (MONTH) <u>October 23</u> , (DAY) <u>1949</u>	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (A) <u>Carcinoma of prostate gland</u> DUE TO (B) <u>-</u> DUE TO (C) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
CAL INER'S ATION	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
RAL 33 TOR D RAR	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SEC) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Oct 15</u> 19 <u>49</u> TO <u>Oct 23</u> 19 <u>49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Oct 15</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>11:15 AM</u> . FURTHER CAUSES AND ON THE DATE STATED ABOVE.		23. DATE SIGNED <u>10-24-49</u>		
23A. SIGNATURE <u>Mark H. Wall MD.</u>		23B. ADDRESS <u>Mesa, Arizona</u>		
24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>10-25-49</u>		
24C. NAME OF CEMETERY OR CREMATORY <u>Eagar, Arizona</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)		
25A. DATE REC'D BY LOCAL REG. <u>10-31-49</u>		25B. REGISTRAR'S SIGNATURE <u>John M. Manning</u>		
26. FUNERAL DIRECTOR'S SIGNATURE <u>Meldrum Mortuary</u>		26. ADDRESS <u>Mesa, Ariz.</u>		
27. EMBALMER'S SIGNATURE <u>R. M. Daybell</u>		27. CERT. NO. <u>228-A</u>		